

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		3	3			
5		3	6			
6		3				
7		3	6			
8		3				
9		3				
10		3				
11		2	6			
12		3				
13	1					
14		9				
15		1				
16	1					
17		1				
18		1				
19	1					
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50						
TOTAL IND.	4		↓		↓	↓
TOTAL DEP.	25	←	←	←	←	←
TOTAL CLAIMS	40					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS						